

UNITED STATES DISTRICT COURT

District of Rhode Island

Plaintiff(s)

U.S. Department of Justice, et al.

Defendant(s)

Civil Action No. 1:25-cv-345-MSM-PAS

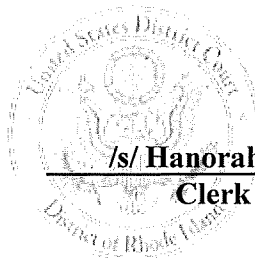
To: *(Defendant's name and address)* U.S. Department of Education  
400 Maryland Avenue SW  
Washington, D.C. 20202

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are: See attached.

Date: **July 21, 2025**

**/s/ Hanorah Tyer-Witek**

## Clerk of Court



AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 1:25-cv-345-MSM-PAS

**PROOF OF SERVICE***(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* U.S. Department of Education  
 was received by me on *(date)* 07/22/2025.

☐ I personally served the summons on the individual at *(place)* \_\_\_\_\_  
 on *(date)* \_\_\_\_\_; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* \_\_\_\_\_  
 \_\_\_\_\_, a person of suitable age and discretion who resides there,  
 on *(date)* \_\_\_\_\_, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* \_\_\_\_\_, who is  
 designated by law to accept service of process on behalf of *(name of organization)* \_\_\_\_\_  
 on *(date)* \_\_\_\_\_; or

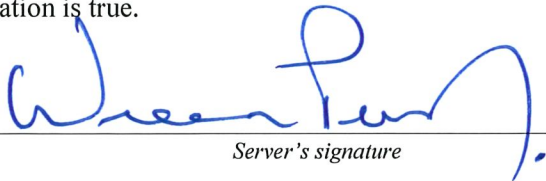
☐ I returned the summons unexecuted because \_\_\_\_\_; or

☒ Other *(specify)*: I sent the summons and complaint by certified mail to (1) the Defendant's address as stated  
 on the summons; and (2) the United States Attorney's Office - District of Rhode Island

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ 0.00.

I declare under penalty of perjury that this information is true.

Date:

7/22/2025


Server's signature

William Piva, Investigator

Printed name and title

4 Howard Avenue  
 Cranston, RI 02920

Server's address

Additional information regarding attempted service, etc:

## Attachment: Plaintiffs' Contact Information

Dated: July 21, 2025

Respectfully submitted,

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